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# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/151,409
Filing Date	September 10, 1998
First Named Inventor	James B. Dale
Group Art Unit	1645
Examiner Name	Sarvamangala J. N. Devi, Ph.D.
Attorney Docket No.	481112.410

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> <b>Amendment/Response</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Return Receipt Postcard</b> <input checked="" type="checkbox"/> <b>Additional Enclosure(s)</b> (please identify below): <u>Copy of original Figure 2</u> _____ _____ _____
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Jeffrey C. Pepe, Ph.D. Reg. No. 46,985	 00500 RECEIVED
Signature		
Date	16-Apr-2003	

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : James B. Dale  
Application No. : 09/151,409  
Filed : September 10, 1998  
For : *GROUP A STREPTOCOCCAL VACCINES*

Examiner : Sarvamangala J. N. Devi, Ph.D.  
Art Unit : 1645  
Docket No. : 481112.410  
Date : April 16, 2003

Box Non-Fee Amendment  
Commissioner for Patents  
Washington, DC 20231

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REPLY AND AMENDMENT PURSUANT TO 37 C.F.R. §§1.111 AND 1.121

Commissioner for Patents:

Please amend the application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 10 of this paper.

*Ande*  
*37/I*  
*Qinda*  
*4/29/03*